

**MEMORANDUM OF AGREEMENT
BETWEEN
THE DEPARTMENT OF CHILDREN AND FAMILIES
AND
AND THE UNIVERSITY OF CONNECTICUT HEALTH CENTER**

Whereas, the *Emily J.* Joint Settlement Agreement issued by Federal Court Order on July 9, 2005, required the implementation of trauma-focused behavioral health services; and the Connecticut Department of Children and Families (hereinafter DCF), despite the expiration of said order, has recognized the continuing need for such services;

Whereas, it is recognized that the University of Connecticut Health Center, Department of Psychiatry (hereinafter UCHC) has the capacity for the development and implementation of such services;

Therefore, DCF, through UCHC, has developed and implemented a Trauma Clinic for children involved in the juvenile justice system. The Trauma Clinic is based on the attached document labeled Attachment A, and both parties agree to the tasks outlined therein.

Term of Agreement:

This is a 2-year agreement from July 1, 2011 to June 30, 2013 with possible future renewal.

Funding Level:

The budget for the Trauma Clinic shall be funded with DCF funding for clinical services rendered (see Attachment B). DCF is committed to funding \$128,852. each year of the two-year term. Fringe benefits for project staff on DCF funding (Attachment B) will be provided by general funds pass through. UCHC is solely responsible to cover all expenditures above the annual DCF funding base. UCHC may also be funded through federal reimbursement, as appropriate for services rendered.

Any federal reimbursement income received by UCHC above the annual expenditures shall be reinvested in the clinic to expand the number of children served and to provide enhanced service delivery. DCF shall be notified of plans for use of the reinvestment funding prior to the beginning of the year in which they would be applied.

Any categorical deviations which exceed 25% of the total costs outlined in Attachment B will require DCF prior approval.

Transfer of Funds:

Transfer of funds shall occur through CORE CT Interagency Transfer Invoices (TI) in the amount of 1/4th of the annual contract submitted by UCHC quarterly (9/30, 12/31, 3/31, 5/31) to DCF.

Detailed quarterly revenue and expenditure reports are due to DCF by:

- October 31 for the 1st quarter
- January 31 for the 2nd quarter
- April 30 for the 3rd quarter
- August 1 for 4th quarter

DCF reserves the right to adjust the final annual payments due to non use of funds paid to UCHC as shown on revenue and expenditure report submissions.

Confidentiality:

In recognition that DCF and Judicial records and information regarding juveniles are confidential by operation of law, prior to the UCHC's staff accessing such records and information, UCHC shall agree on behalf of itself and its staff that (1) they shall not access any data, files, records, computers or systems not required for the performance of its duties under Appendix A, (2) they shall not advertise, advertise for sale, sell, rent, or disclose in any form or use any information obtained from or by the work performed pursuant to the agreement attached hereto as Appendix A except as authorized by that Agreement, and (3) no UCHC staff shall access the data provided pursuant to this Agreement unless the person has been approved by DCF.

UCHC shall instruct each person who shall work on or with the DCF and Judicial data of the confidentiality provisions of this Agreement including, but not limited to, the prohibition to access, use or disclose information as set forth above. The UCHC staff will ensure a Release of Information is obtained from the parent/guardian.

The UCHC staff shall ensure that any notes, records or recordings of DCF and Judicial information that contain any data that may reasonably reveal confidential information shall be kept in a secure area and shall be available only to such staff. The staff shall encode the names and other information that may reveal a person's identity in such notes or recordings and design a system, acceptable to DCF, to reasonably ensure the confidentiality of the notes, records, encoding and decoding systems. The UCHC staff shall turn over to DCF such notes, recordings, encoding and decoding systems upon termination of this Agreement.

Except as required for the performance of duties in accordance with Appendix A, the UCHC staff shall not make known to any person or entity any information which could reasonably identify or invade the privacy of any person who, or entity which, is the subject of information disclosed pursuant to the terms of this Agreement.

Notwithstanding the foregoing, the UCHC staff shall permit any duly authorized representative of DCF to examine any information collected or recorded by the UCHC staff pursuant to this Agreement and shall provide DCF, upon request, research data, data collection sheets, notes of computer and court records, and copies of computer programs, databases and other products.

It shall be the sole responsibility of UCHC to insure that any report, article, computer program, database or other product or publication, whether oral or in writing, resulting from the

performance of the Agreement attached hereto as Appendix A, protects the privacy of confidential information.

The UCHC staff shall provide DCF, with copies of all final reports, publications, computer programs, databases or other products resulting from or pertaining to this Agreement, including Appendix A.

Sanctions:

The UCHC staff shall be warned by UCHC about the crucial need for maintaining the confidentiality of certain data with which they will be working. Should a breach of privacy or confidentiality occur, sanctions against the person(s) responsible may include, but are not limited to, written reprimand, suspension, or dismissal from employment, a finding of contempt and termination of this Agreement, in addition to any other penalty which may be imposed in accordance with the Connecticut General Statutes.

Research:

~~UCHC shall not use any of the files' information for research or publication purposes without written permission from DCF.~~

dc for UCHC
8-31-11
MC for DCF
9/12/11

Cancellation:

This Agreement maybe canceled by either party upon ninety (90) days written notice to other party. Both parties reserve the right to cancel this agreement without prior notice for insufficient allocation of funds.

Modification:

This agreement may be modified or superseded in its entirety at any time, by mutual agreement of both agencies, which has been reduced to writing and signed by authorized designees of both agencies.

Service

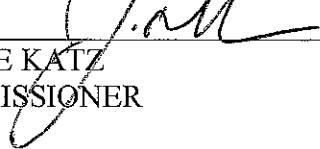
UCHC shall not use any of the files' information for any purpose other than performance of the services covered by this agreement.

dc for UCHC
8-31-11
MC for DCF
9/12/11

AGREED:

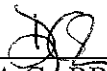
STATE OF CONNECTICUT, DEPARTMENT OF CHILDREN AND FAMILIES

DATE: 7/27/11

BY: 
JOETTE KATZ
COMMISSIONER

UNIVERSITY OF CONNECTICUT,
HEALTH CENTER

DATE: 8-31-11

BY: 
DANA CARROLL, JD
DIRECTOR, OFFICE OF RESEARCH &
SPONSORED PROGRAMS

Attachment A

To Memorandum of Agreement Between The Department of Children and Families and the University of Connecticut Health Center July 1, 2011 to June 30, 2013

Trauma Clinic For Juvenile Justice Involved Children

Goal: The Trauma Clinic provides trauma-focused clinical evaluations and services to juvenile justice involved children. Clinical evaluations and services are provided by faculty and staff (and, when appropriate, psychiatric residents) of the University of Connecticut Health Center (UCHC). Services are brief, focused, and evidence-based. When indicated, services are coordinated with additional (external) treatment providers. Quality assurance measures and periodic performance-based outcome evaluations are provided by UCHC faculty and staff.

Deliverables: The Trauma Clinic provides trauma-focused assessments and interventions (psychotherapeutic and psychiatric) to juvenile justice-involved and, by special exception, at-risk children and youth and their families who meet the following inclusion/exclusion criteria:

Inclusion criteria

- 1) Positive trauma history;
- 2) Need for trauma-focused clinical intervention (a primary diagnosis of PTSD or histories of trauma exposure, accompanied by behavioral health needs that require trauma-focused interventions. All clients must be evaluated by clinic staff before acceptance to the program);
- 3) Children and youth ages 10-18;
- 5) Referred by a CSSD juvenile probation officer or a DCF social worker or investigator; or, an at-risk children and youth for whom the DCF Emily J coordinator approves as an exception.

Exclusion criteria

- 1) Violent felons or anyone determined by the referral agent or UCHC staff to pose a significant risk to the safety of other clients and our staff;
- 2) Children with a primary diagnosis of a substance abuse, alcohol abuse, eating disorder, ADHD, or psychotic disorder, and who are not participating in treatment for that disorder;
- 3) Children with IQ's < 70 or those diagnosed with an Autistic spectrum disorder;
- 4) Patients requiring emergency intervention because of acute violence or suicide risk;
- 5) Children requiring additional in-home, educational, vocational, or other therapeutic or rehabilitative services that are not in place at the time of referral to the Trauma Clinic.

Service description: The Trauma Clinic consists of a team of clinical psychologists, psychiatrists, social workers, graduate trainees, and a data coordinator - all of whom work together to provide evidence-based trauma-focused psychosocial and psychiatric care to traumatized juvenile justice-involved or at-risk children and youth and their families.

Model/evidence based service description

Upon receipt of referral to the clinic, program staff deliver a thorough psychosocial and – when indicated – psychopharmacological evaluation for all children being referred. Treatment planning is tailored to the needs of the individual client and his/her family; and case management services are made available as needed. All psychosocial interventions are designed to be time-limited, evidence-based, culturally-sensitive and gender-responsive. The primary individual/family psychosocial interventions are Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and Trauma Affect Regulation: Guide for Education and Therapy (TARGET). Both interventions are identified as

empirically supported by the National Child Traumatic Stress Network (www.nctsnet.org) and the SAMHSA National Registry of Evidence-based Programs and Practices (www.nrepp.samhsa.org). Psychopharmacological evaluation and interventions may be provided, although the Clinic will not serve as the primary provider of pharmacotherapy. While the Child Trauma Clinic does not offer forensic evaluations or psychological testing, the staff is available to consult with other evaluators, clinicians, and program administrators/staff.

Length of treatment

The average length of treatment is 6 months, varying from a 2-4 week evaluation to more than one year when TF-CBT or TARGET or both are clinically indicated for that period of time.

Capacity for service at any one time

In any given month, Child Trauma Clinic staff is able to provide:

- one psychopharmacological evaluation;
- two medication management sessions;
- 76 individual/family therapy sessions;
- two psychotherapy groups with up to eight children per group (max. 16 clients); and
- case management/care coordination services as needed for all clients.

We anticipate that the number of children and families served by the clinic will vary based on the needs of each child and family, combined with capacity of the clinic and the level of services being provided to each child and family by other agencies. The number of children and families served at any one time ranges from 15-25 children/families being served based on the level of service required by each child/family.

Personnel:

Services are provided by a multidisciplinary team consisting of:

Julian Ford, Ph.D. (.10 FTE) - PI and Clinic Director
Marisol Cruz St. Juste, M.A. (.60 FTE) - Intake coordinator and psychotherapist
Marian Moca, M.D. (.02 FTE) - Psychopharm consultant
Damion Grasso, Ph.D. (.30 FTE) - Clinical Psychologist Trainee
Carolyn Greene, Ph.D. (.30 FTE) - clinical Psychologist Trainee
Ingrid Nelson, (.20 FTE) - Office Assistant

Job Descriptions/Productivity Expectations:

Dr. Ford (.10 FTE):

- Will provide 1 individual/family/group therapy sessions/week
- Will supervise all clinic staff and operations
- Will provide 2 hours of supervision to PhD trainees
- Will lead weekly team meeting, care coordination, and treatment planning sessions
- Will consult to referrers as needed
- Will oversee data collection and QA, and will share findings in the form of reports and presentations for DCF and CSSD as requested and in scholarly publications

Dr. Grasso (.30 FTE):

- Will provide 4.5 individual/family psychotherapy or evaluation sessions/week
- Will participate in weekly team meeting, care coordination, and treatment planning sessions
- Will provide training and consultation to area office and juvenile probation staff, and to other contracted providers

Dr. Greene (.30 FTE):

Will provide 4.5 individual/family psychotherapy sessions/week
Will participate in weekly team meeting, care coordination, and treatment planning sessions
Will provide training and consultation to area office and juvenile probation staff, and to other contracted providers

Marisol Cruz St. Juste (.60 FTE)

Will provide 9 individual/family/group therapy sessions/week
Will attend weekly team meeting, care coordination, and treatment planning sessions
Will serve as liaison between area office, juvenile probation staff, and other contracted providers and UCHC clinic
Will provide case management services to Clinic patients/families (3 interventions/week)

Marian Moca, M.D. (.02 FTE)

Will provide one psychopharmacology evaluation per month
Will provide 2 medication management sessions per month
Will consult with staff regarding care coordination and treatment planning

Ingrid Nelson, Office Assistant (.2 FTE)

Will be responsible for scheduling patients
Will be responsible for maintaining clinic files

AGREED:

STATE OF CONNECTICUT, DEPARTMENT OF CHILDREN AND FAMILIES

DATE: 7/27/11

BY: 

JOETTE KATZ
COMMISSIONER

UNIVERSITY OF CONNECTICUT,
HEALTH CENTER

DATE: 8-31-2011

BY: 

DANA CARROLL, JD
DIRECTOR, OFFICE OF RESEARCH &
SPONSORED PROGRAMS

Attachment B

*To Memorandum of Agreement Between
The Department of Children and Families and
the University of Connecticut Health Center
July 1, 2011 to June 30, 2013*

Project Funding (DCF)

PERSONNEL:

Name	Base Salary	FTE	Requested Salary
Julian Ford, Ph.D.	\$175,689	0.10	\$ 17,569
Marian Moca, M.D.	\$149,240	0.02	\$ 2,985
Marisol Cruz St. Juste, M.A.	\$ 64,071	0.60	\$ 38,443
Damion Grasso, Ph.D.	\$ 55,000	0.30	\$ 16,500
Carolyn Greene, Ph.D.	\$ 45,000	0.30	\$ 13,500
Ingrid Nelson, Office Assistant	\$43,634	0.20	\$ 8,727
TOTAL PERSONNEL:			\$ 97,723

OTHER EXPENSES:

TRAVEL:	\$ 3,540
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SUPPLIES:	\$ 500
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PHOTOCOPYING	\$ 5 00
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SUBTOTAL:	\$102,263
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F & A (26%):	\$ 26,588
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TOTAL DCF BUDGET:	<u>\$128,852</u>
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